pulley, and was attached to a bracelet fixed above the elbow. Time after time M. Gaillard increased the power of the traction, occasionally adding his efforts to the force exercised by the weights. The extension prolonged from twenty to twenty-five minutes was repeated on the 10th and 11th of January, each time bringing the head of the humerus nearer the glenoid cavity, and with no other inconvenience than a slight pain and swelling of the arm. On the 13th the head of the humerus was more moveable. Further traction was employed, the arm being always placed horizontally. The humerus yielded, glided over the scapula for the space of an inch and a half, and approached the glenoid cavity. M. Gaillard then seized the elbow, and by carrying it backwards and upwards he directed the head of the humerus downwards and forwards, then lowering the limb he felt the head pass under the acromial arch, and leap over a projection which appeared to belong to the articular cavity. The arm was now in contact with the trunk, it was sensibly lengthened, and all its movements could be executed with ease.

The dislocation, however, recurred again and again, and was as often reduced. The difficulty was to maintain the bone after reduction. This, however, was effected by careful bandaging. The patient suffered considerable pain at times, but was relieved by the application of leeches. From the first reduction to the entire cessation of pain a period of more than two years elapsed; but the cure was then complete, the patient using the limb equally as well as the other. *Bulletin de l' Acad. R. de Méd.*, June 30, 1840.

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38. *Dislocation of both radio-carpal articulations.*—Mr. N. J. Haydon has recorded, in the *Lond. Med. Gaz.* (Sept. 1840,) a case of this accident, which is of very rare occurrence, and the present one is further interesting from the curious circumstance that in one person from the same accident and from a force *applied in the same manner*, there was in one limb a dislocation of the carpus backward and in the other forward.

The subject of this case was a boy 13 years of age, who had been violently thrown from a horse, and fell on the upper part of the palms of both hands and on his forehead. The scalp was lacerated about two inches in length over the left eyebrows: the left wrist presented a considerable protuberance on its anterior aspect; the styloid process of the radius no longer had its position opposite to the trapezium, but was thrown before the carpus, and took up its residence on the scaphoid and trapezium: the ulna was dislocated from the radius, and rested on the unciform bone, the forearm was slightly bent on the humerus; the fingers similarly flexed on the hand throughout their articulations. During the reduction of this wrist the patient complained of no pain.

The right wrist presented a very considerable tumor on its posterior aspect, occasioned by the presence of the carpal head of the radius and ulna, and a very irregular knotty tumor terminating abruptly on its anterior aspect, caused by the presence of the bones of the carpus. The forearm was very considerably flexed on the humerus, and in a state between pronation and supination; the thumb strongly abducted; the metacarpal phalangeal articulations in a state of the greatest extension on the metacarpus; the two extreme joints slightly flexed. There was a strong aversion to have the arm moved, the slightest motion causing extreme agony: there existed in this arm no dislocation of the ulna from the radius. A very careful examination was made to determine what parts came in contact with the resisting force. Very extensive bruises were found on the palms of both hands, but not the slightest on the back of either hand. There was not the slightest evidence of any fracture existing, moreover within an hour after the dislocations were reduced the patient could rotate the hand, and supine it when prone.

Reduction was effected in the following manner: the left elbow being fixed, extension was made from the hand, at the same time gradually flexing the hand on the forearm. The right wrist, the elbow being fixed, was reduced by firmly grasping the thumb, the operator's thumb being applied over the outer part of its metacarpal bone, while his index-finger firmly embraced its ball; gradual

and direct extension was maintained for several minutes; when the carpus resumed its position, a very distinct and audible "*click*" was noticed by several persons present. Splints including the forearm and hand, with roller bandages, were applied, and retained for eighteen days, the parts being kept cool with evaporating lotions. The progress of the patient was altogether favourable. Seventeen days after the accident the splints were removed, the swelling having nearly subsided, and the wrists having regained sufficiently their power to admit of the usual movements of the hands being freely performed.

39. *New Operation for the Cure of Vaginal Cystocele.*—By M. JOBERT, Surgeon to the Hospital of St. Louis. The following is the substance of a report made to the Royal Academy of Medicine, by a committee consisting of MM. Blandin, Danyau, and Gimelle.

M. Jobert divides his memoir into three parts: in the first, he treats of the history of the disease, and the modes of treatment which have been hitherto employed for its removal. In the second, he proceeds to point out his method of obtaining a radical cure. In the third, he gives some new ideas, based on his pathological researches, with regard to the mode of formation of the cystocele.

Vaginal cystocle was treated of in the work of Leblanc, printed in 1775. Since that time, many surgical authors have noticed it; all have attributed it to a rupture or abrasion of the anterior wall of the vagina, allowing the bladder to pass into the cavity of the former, filling it by its distension, and causing a projection more or less considerable through the os externum. Until lately, palliative means alone have been adopted, which were totally incapable of effecting a radical cure. Pessaries under all forms can be but palliatives.

The well known operations of Marshall Hall, and Dieffenbach have been performed with success by Berard and Velpeau in cases of prolapsus uteri, in which the bladder and vagina have been also drawn down; by these means, the displaced parts may be retained within the cavity of the vagina; but in cystocele, M. Jobert says the bladder has an abnormal magnitude, and although it does not project from the vulva, it is, nevertheless, displaced, resting in such a manner on the perineal surface of the vagina, that the anterior wall of the bladder becomes superior. Thus, after the operation just named, though there is no external projection, the organ is not able to regain its ordinary size or position.

M. Jobert considers that in order to effect a radical cure, three things must be done: first, the bladder must be restored to its natural situation; second, the anterior wall of the vagina distended by the tumour must be reduced to its ordinary proportions, so as to maintain the bladder when replaced; but this latter result cannot be obtained by causing a loss of substance in this wall, and reuniting the edges according to the method of Hall, without injuring the orifice of the vulva. The proceeding has also entailed great difficulties in its execution, and possibly severe accidents, therefore the author substitutes, thirdly, the following method. He encloses within two curved transverse lines an oval space, more or less considerable, on the posterior surface of the tumour or the anterior surface of the vagina by means of caustic, so as to form an isolated spot, repeating the application of the caustic until the mucous membrane is destroyed. He then pares the edges with scissors or a bistoury, draws them together, and maintains them in apposition by means of straight needles, the points of which are removed, and a twisted suture.

Jobert operated in this manner on the 23d of July, 1838, on a female aged forty-five, of strong constitution, who presented at the aperture of the vulva a very large cystocele, which elevated the nymphæ and descended above the urethra and clitoris. The tumour was reddish. The patient easily returned and reproduced it. She often experienced acute pains in the abdomen, and the tumour became excoriated from friction. She had frequent desire to pass urine, the emission of which was often difficult. The tumour was five inches in length, from the orifice of the urethra to the neck of the uterus, and eight inches in circumference.

Seven needles were applied; four large and three small ones. They were